	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	835 CI								IIPAA Implen	nent	ation (Guide	•		•	Tennesse	ee Specific Values
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID		Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information		00, 03		00, 03	Preferred value is 00
3	ISA02	R	10	10	AN	R	1		INTERCHANGE			Qualifier Authorization					EDI fills with spaces for the outbound if data
4									CONTROL HEADER			Information					not present.
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01		00, 01	Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					EDI fills with spaces for the outbound if data not present.
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33,			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID				626001445TC	TennCare's ID 626001445TC for Outbound Transactions
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33,			
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					Sender Trading Partner ID based upon submitted claim(s).
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			System generated. 6 bytes.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					System generated. 9 bytes.
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			Use T for Test Transactions and P for Production Transactions.
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					Semicolon (;)
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HP			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code				1	Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					Use this time for the creation time. The recommended and preferred format is HHMM

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1	835 CI								IIPAA Impler	nent	ation	Guide					e Specific Values
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID		Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
24	GS06	R	1	9	N0	R		1	FUNCTIONAL GROUP HEADER			Group Control Number					
	GS07	R	1	2	ID	R		1	FUNCTIONAL			Responsible		X			
25									GROUP HEADER			Agency Code					
26	GS08	R	1	12	AN	R		1	FUNCTIONAL			Version/Release/		004010X091A1			
20	0704					_		_	GROUP HEADER			Industry ID Code		005	III er		A
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		835	Identifies which Transaction Set we are processing	835	Autoplug '835'
	ST02	R	4	9	AN	R	1		TRANSACTION SET			Transaction Set			Unique number assigned by originator for		
28	0.02			Ü			ľ		HEADER			Control Number			functional group, must be identical to		
	BPR01	R	1	2	ID	R	1		FINANCIAL			Transaction		C, D, H, I, P, U,	seament SE02.	H, I	
29									INFORMATION			Handling Code		Х			
30	BPR02	R	1	10	R	R	1		FINANCIAL INFORMATION			Monetary Amount	Total Actual Provider Payment Amount		Total Payment Amount for this 835. Total payment amount cannot exceed eleven characters, including decimals (9999999.99). Although the value can be zero, it cannot be issued for less than zero		
1	BPR03	R	1	1	ID	R	1		FINANCIAL			Credit/Debit Flag	Credit or Debit	С	dollars	C	Value being plugged by translation map
31		_							INFORMATION			Code	Flag Code				
32	BPR04	R	3	3	ID	R	1		FINANCIAL INFORMATION			Payment Method Code		ACH, BOP, CHK, FWT, NON		ACH, CHK, NON, FWT	
33	BPR05	S	1	10	ID	R	1		FINANCIAL INFORMATION			Payment Format Code		CCP, CTX	When BPR04=ACH, BPR05 is recommend. When BPR04 is any other code BPR05 should not be used.		When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
34	BPR06	S	2	2	ID	R	1		FINANCIAL INFORMATION			(DFI) ID Number Qualifier	Depository Financial Institution (DFI) Identification Number Qualifier	01, 04	BPR06 through BPR09 relate to the originating financial institutional and the originator's account (payer).		When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
	BPR07	S	3	12	AN	R	1		FINANCIAL			(DFI) Identification	Sender DFI		Required when BPR04=ACH, BOP or FWT		
35	DF KU1		3	12	AIN				INFORMATION			Number	Identifier		Required when BFR04=ACH, BOF 011 W1		
36	BPR08	S	1	3	ID	R	1		FINANCIAL INFORMATION			Account Number Qualifier		DA	Required when BPR04=ACH, BOP or FWT		
	BPR09	S	1	35	AN	R	1		FINANCIAL			Account Number	Sender Bank				When BPR04 is ACH, information in
37									INFORMATION				Account Number				BPR05 through BPR15 must also be included.
	BPR10	S	10	10	AN	R	1		FINANCIAL INFORMATION			Originating Company Identifier	Payer Identifier		Must be the Federal Tax ID Number, preceded by a "1". When BPR10 is used, it must be identical to TRN03. Required when BPR04=ACH, BOP or FWT.	1626001445	When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
38	DDD 10				L.	<u> </u>	!	1	FINANCIAL			(05) 10 11		24.24			Will BBBodi AGU i di di
39	BPR12	S	2	2	ID	R	11		FINANCIAL INFORMATION			(DFI) ID Number Qualifier	Depository Financial Institution (DFI) Identification Number Qualifier	01, 04	BPR12 through BPR15 relate to the receiving financial institutional and the receiver's account.	01	When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
	BPR13	S	2	12	AN	R	1	1	FINANCIAL			(DFI) Identification	Receiver or		Required when BPR04=ACH, BOP or FWT.		This will be pulled from
40	פראוט	3	3	12	AIN	K	[INFORMATION			Number	Provider Bank ID Number		BPR13 must be 9 digits when BPR12 = 01		t_chk_no_state.num_vendor_aba if BPR04 = "ACH" or "FWT".
	BPR14	S	1	3	ID	R	1		FINANCIAL INFORMATION			Account Number Qualifier		DA, SG	Required when BPR04=ACH, BOP or FWT		

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1	835 CI								IIPAA Implei	ment	ation (Guide	I.	I.		Tennesse	e Specific Values
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
42	BPR15	S	1	35	AN	R	1		FINANCIAL INFORMATION			Account Number	Receiver or Provider Account Number		Required when BPR04=ACH, BOP or FWT		This will be pulled from t_chk_no_state.num_vendor_acct if BPR04 = "ACH" or "FWT".
43		R	8	8	DT	R	1		FINANCIAL INFORMATION			Date	Check Issue or EFT Effective Date		If BPR04=ACH, this code is the date that the money moves from the payer and is available to the payee. If BPR04=CHK, this code is the check issuance date. If BPR04=FWT, this code is the date that the payer anticipates the money to move. As long as the effective date is a business day, this is the settlement date.		This will be pulled from t_chk_no_state.dte_issue if BPR04 = "ACH" or "FWT".
44	TRN01	R	1	2	ID	R	1		REASSOCIATION TRACE NUMBER			Trace Type Code	Check or EFT Trace Number	1		1	Value being plugged by translation map
45	TRN02	R	1	30	AN	R	1		REASSOCIATION TRACE NUMBER			Reference Identification	Check or EFT Trace Number		The number is assigned by the sender. Must be unique within the sender/receiver relationship. For example: If a payment is made by check, this number should be the check number. See 2.2.3 for use of trace number.		This will be pulled from t_chk_no_state.num_check if BPR04 = "ACH" or "FWT".
46	TRN03	R	10	10	AN	R	1		REASSOCIATION TRACE NUMBER			Originating Company Identifier	Payer Identifier		Must Contain the Federal Tax ID Number, preceded by a "1". If BPR10 is used, it must be identical to TRN03.	1626001445	Value being plugged by translation map
47	TRN04	S	1	30	AN	R	1		REASSOCIATION TRACE NUMBER			Reference Identification	Originating Company Supplemental		If TRN04 and BPR11 are used, they must be identical.		
48	REF01	R	2	3	ID	S	1		RECEIVER IDENTIFICATION			Reference Identification Qualifier	Code	EV		EV	
	REF02	R	1	30	AN	S	1		RECEIVER IDENTIFICATION			Reference Identification	Receiver Identifier/Receiver Identification				IF Header Payment Group [payment_receiver_id] = Header Payee Group [payee_provider_id] THEN this segment is left blank ELSE map Header
49	DTM01	R	3	3	ID	S	1		PRODUCTION			Date/Time Qualifier	Date Time Qualifier	405	Use this code for the end date for the	405	Payee Group Inavee provider id! Value being plugged by translation map
50	DIMOT	K	5	3					DATE			Date/Time Qualifier	Date Time Qualifier	403	adjudication production cycle for claims included in this	400	value being plugged by translation map
51	DTM02	R	8	8	DT	S	1		PRODUCTION DATE			Date	Production Date				
52	N101	R	2	3	ID	R	1	1000A	PAYER IDENTIFICATION	1		Entity Identifier Code		PR		PR	Value being plugged by translation map
53	N102	S	1	60	AN	R	1	1000A	PAYER IDENTIFICATION	1		Name	Payer Name		Required if the National PlanID is not transmitted in N104.	State of Tennessee - Bureau of	
54	N301	R	1	55	AN	R	1	1000A	PAYER ADDRESS	1		Address	Payer Address			TennCare 310 Great Circle	
55	N302	S	1	55	AN	R	1	1000A	PAYER ADDRESS	1		Information Address Information	Line Payer Address Line		Required if a second address line exists.	Road	
56	N401	R	2	30	AN	R	1	1000A	PAYER CITY, STATE. ZIP CODE	1		City Name	Payer City Name			Nashville	
57		R	2	2	ID	R	1		PAYER CITY, STATE, ZIP CODE	1		State or Province Code	Payer State Code			TN	
58	N403	R	3	15	ID	R	1	1000A	PAYER CITY, STATE, ZIP CODE	1		Postal Code	Payer Postal Zone or ZIP Code			37243	

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1									IIPAA İmplei	ment					,	Tennesse	e Specific Values
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	
59	PER01	R	2	2	ID	S	1	1000A	PAYER CONTACT INFORMATION	1		Contact Function Code	Payer Contact Name	CX		CX	Value being plugged by translation map
60	PER02	S	1	60	AN	S	1		PAYER CONTACT INFORMATION	1		Name			Required if identifying an individual or other contact point to discuss information related to this transaction. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	State of Tennessee - Bureau of TennCare	
61	PER03	S	2	2	ID	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number Qualifier		TE, EM, FX	Required if a contact communications number is to be transmitted.	TE	Value being plugged by translation map
62	PER04	S	1	80	AN	S	1		PAYER CONTACT INFORMATION	1		Communication Number	Payer Contact Communication Number		If telephone number is given, should be format AAABBBCCCC (AAA = Area Code, BBB = telephone prefix, CCCC = telephone #)	8003423145	
63	PER05	S	2	2	ID	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number Qualifier		TE, EM, FX, EX			
64	PER06	S	1	80	AN	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number	Payer Contact Communication Number		Required if a contact communications number is to be transmitted.		
65	N101	R	2	3	ID	R	1	1000B	PAYEE IDENTIFICATION	1		Entity Identifier Code		PE		PE	Value being plugged by translation map
66	N102	S	1	60	AN	R	1	1000B	PAYEE IDENTIFICATION	1		Name					
67	N103	R	1	2	ID	R	1	1000B	PAYEE IDENTIFICATION	1		Identification Code Qualifier		FI, XX	Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	FI, XX	FI - Atypical Provider XX - Healthcare Provider with an NPI Non-NPI qualifiers are valid for atypical providers going forward but only for healthcare providers until the end of the CMS allowed dual usage period. All healthcare providers are required to use
68	N104	R	2	80	AN	R	1	1000B	PAYEE IDENTIFICATION	1		Identification Code	Payee Identification Code				
69	N301	R	1	55	AN	S	1	1000B	PAYEE ADDRESS	1		Address Information	Payer Address Line				
70	N302	S	1	55	AN	S	1	1000B	PAYEE ADDRESS	1		Address Information	Payer Address Line		Required if a second address line exists.		
71	N401	R	2	30	AN	S	1	1000B	PAYEE CITY, STATE. ZIP CODE	1		City Name	Payer City Name				
72	N402	R	2	2	ID	S	1	1000B	PAYEE CITY, STATE, ZIP CODE	1		State or Province Code	Payer State Code				
73	N403	R	3	15	ID	S	1	1000B	PAYEE CITY, STATE, ZIP CODE	1		Postal Code	Payer Postal Zone or ZIP Code				
74	REF01	R	2	3	ID	S	>1		ADDITIONAL PAYEE IDENTIFICATION			Reference Identification Qualifier		0B, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, D3, G2, N5, PQ, TJ	TJ should be in the N1 segment unless the National Provider ID is used in N103/04. For individual providers as payees, use this number to represent the Social Security Number.	ŢJ	TJ is required when XX/NPI in N103/4
75	REF02	R	1	30	AN	S	>1	1000B	ADDITIONAL PAYEE IDENTIFICATION	1		Reference Identification	Additional Payer Identifier				
76	TS301	R	1	30	AN	S	1	2000	HEADER NUMBER	1		Transaction Statistics	Provider Identifier		Use this number for the provider number.		When available, use NPI in TS301.

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1	835 CI	aim	Pay	mei	nt - 4	1010	X09	1 A 1I	IPAA Imple	ment	tation	Guide				Tennesse	e Specific Values
2		Elem Use	Min Len	Max Len	Data Type		Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
77	LX01	R	1	6	N0	S	1	2000		>1		Assigned Number					"0001" for first claim loop within ST. Add +1 for each claim loop. Begin New Loop for each claim type/claim status break.
78	CLP01	R	1	38	AN	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Submitter's Identifier	Patient Control Number		Use this number for the patient control number assigned by the provider. If the patient control number is not present on the incoming claim, enter zero. The value in CLP01 must be identical to any value received as a Claim Submitter's Identifier on the original claim (CLM01 of the ANSI ASC X12 837, if applicable). This data element is the primary key for posting the remittance Information into the		IF Claim Header [claim_type] is populated AND Claim Header [patient_acct_num] is populated THEN map Claim Header [pateint_acct_num] ELSE autoplug '0'
79	CLP02	R	1	2	ID	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Status Code	Identifier/Receiver	1-5, 10, 13, 15- 17, 19-23, 25, 27	and the second s	3, 4, 22	
80	CLP03	R	1	10	R	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Monetary Amount	Identification Total Claim Charge Amount		See 2.2.1, Balancing, in this implementation guide for additional information. This amount does not include interest. 1115 Use this monetary amount for the submitted charges for this claim. The amount can be zero or less, but the value in BPR02 may not be negative.		
81	CLP04	R	1	10	R	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Monetary Amount	Claim Payment Amount		See 2.2.1, Balancing, in this implementation guide for additional information. This amount does not include interest. 1116 Use this monetary amount for the amount paid for this claim. It can be zero or less, but the value in BPR02 may not be negative.		
82	CLP05	S	1	10	R	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Monetary Amount	Patient Responsibility Amount		Amounts in CLP05 should have supporting adjustments reflected in CAS segments at the CLP or SVC loop level with a Claim Adjustment Group (CAS01) code of PR (Patient Responsibility). Use this monetary amount for the payer's statement of the patient responsibility amount for this claim, which can include such items as deductible, non-covered services, co-pay, and co-insurance. This amount must be entered if it is greater than zero. See 2.2.1, Balancing, and 2.2.9, Interest and Prompt Payment Discounts, for additional information. For Medicare, this must be reported by carriers but is not used by intermediaries.		

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1									IIPAA Implei	ment		Guide	1 141	1 14	<u> </u>	-	e Specific Values
2			Min		Data Type	Seg			Loop Name		Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	
83	CLP06	R	1	2	ID ID	R	1	2100	CLAIM PAYMENT INFORMATION	>1	Seq ID	Claim Filing Indicator Code	Allas	12-16, AM, CH, DS, HM, LM, MA, MB, MC,	For many providers to electronically post the 835 remittance data to their patient accounting systems without human intervention, a unique, provider-specific insurance plan code is needed. This code allows the provider to separately identify and manage the different product lines or contractual arrangements between the payer and the provider. Because most payers maintain the same Originating Company Identifier in the TRN03/BPR10 for all product lines or contractual relationships, the CLP06 is used by the provider as a table pointer in combination with the TRN03/BPR10 to identify the unique, provider-specific insurance plan code needed to post the payment without human intervention. The value should mirror the value received in the original claim (2-005 SBR09 of the 837), if applicable, or provide the value as assigned or edited by the	MC	Autoplug 'MC' if Claim Header [int_control_number] is populated
84	CLP07	S	1	30	AN	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Reference Identification	Payer Claim Control Number		Use this number for the payer's internal control number. This number must apply to the entire claim. Report service variations at the SVC loop. 1352 This must be provided whenever the PAYER assigns an internal claim number and desires this reference from the provider as a part of any customer service contact or appeal process.		
85	CLP08	S	1	2	AN	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Facility Code Value	Facility Type Code		State the facility code here when the submitted code has been modified through adjudication. This code is expected to be from the same code list as that identified in the original claim. 1295 This number was received in CLM05-1 of the 837 claim.		
86		S	1	1	ID	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Frequency Type Code	Claim Frequency Code		This data element is specific to institutional claims and is required when it was received on the original claim. This does not apply to other types of claims. 1296 This number was received in CLM05-2 of the 837 claim.		
87	CAS01	R	1	2	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Group Code		CO CR OA PI PR	Evaluate the group codes in CAS01 based on the following order for their applicability to a set of one or more adjustments: PR, CO, PI, CR, OA. See 2.2.4, Claim Adjustment and Service Adjustment Segment Theory, for additional information. (Note: This does not mean that the adjustments must be reported in this order.)	CO CR OA PI PR	
88	CAS03	R R	1	5 10	ID R	S	99 99	2100 2100	CLAIM ADJUSTMENT CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code Monetary Amount	Adjustment Reasor Code Adjustment Amount	External Code Source 139	Use this monetary amount for the adjustment amount. A negative amount increases the payment, and a positive amount decreases the payment contained in CLP04		

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1	835 CI								IIPAA Imple	ment		Guide			-		e Specific Values
	Element	Elem				Seg			Loop Name		Comp	DED Name	Industry Name or	HIPAA Valid	HIPAA Notes	TN Valid Values	
2	ID	Use	Len	Len	Туре	Use	Rep	ID		Rep	Seq ID		Alias	Values			
	CAS04	S	1	15	R	S	99	2100	CLAIM	>1		Quantity	Adjustment		A positive value decreases the paid units of		
									ADJUSTMENT				Quantity		service, and a negative number increases		
															the paid units. 1440 This element may be used only when the units of service are		
90															being adjusted		
<u> </u>	CAS05	S	1	5	ID	S	99	2100	CLAIM	>1		Claim Adjustment	Adjustment Reason	External Code	Used when additional adjustments apply		
91									ADJUSTMENT			Reason Code	Code	Source 139	within the group identified in CAS01.		
	CAS06	S	1	10	R	S	99	2100	CLAIM	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional		
92									ADJUSTMENT						adjustments apply within the group		
	CAS07	S	1	15	R	S	99	2100	CLAIM	>1		Quantity	Adjustment		identified in CAS01. See CAS04. 1418 Used when additional		
									ADJUSTMENT				Quantity		adjustments apply within the group		
93															identified in CAS01.		
94	CAS08	S	1	5	ID	S	99	2100	CLAIM	>1		Claim Adjustment	Adjustment Reason	External Code	Used when additional adjustments apply		
J-T	CAS09	S	1	10	R	S	99	2100	ADJUSTMENT CLAIM	>1	}	Reason Code Monetary Amount	Code Adjustment Amount	Source 139	within the group identified in CAS01. 1121 See CAS03. 1418 Used when	1	
	UN003	Ĭ	ľ	10	'`	٦	33	2100	ADJUSTMENT	['		Monetary Amount	, agusunent Amoun		additional adjustments apply within the		
95						<u> </u>		<u> </u>							aroup identified in CAS01.		
	CAS10	S	1	15	R	S	99	2100	CLAIM	>1		Quantity	Adjustment		See CAS04. 1418 Used when additional		
96									ADJUSTMENT				Quantity		adjustments apply within the group		
50	CAS11	S	1	5	ID	S	99	2100	CLAIM	>1		Claim Adjustment	Adjustment Reasor	External Code	identified in CAS01. Used when additional adjustments apply		
97	OAOTT	Ü	ľ	ľ	10	ľ	33	2100	ADJUSTMENT	'		Reason Code	Code	Source 139	within the group identified in CAS01.		
	CAS12	S	1	10	R	S	99	2100	CLAIM	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional		
98									ADJUSTMENT						adjustments apply within the group		
90	CAS13	c	4	15	R	S	00	2400	CLAIM	>1		Occantitus	A dissature a ma		identified in CAS01. See CAS04. 1418 Used when additional		
	CASIS	5	1	15	K	0	99	2100	ADJUSTMENT	>1		Quantity	Adjustment Quantity		adjustments apply within the group		
99									ADSCOTNIENT				Quantity		identified in CAS01.		
100	CAS14	S	1	5	ID	S	99	2100	CLAIM	>1		Claim Adjustment	Adjustment Reason	External Code	Used when additional adjustments apply		
100		_			_				ADJUSTMENT			Reason Code	Code	Source 139	within the group identified in CAS01.		
	CAS15	S	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional adjustments apply within the group		
101									ADJUSTMENT						identified in CAS01.		
	CAS16	S	1	15	R	S	99	2100	CLAIM	>1		Quantity	Adjustment		See CAS04. 1418 Used when additional		
									ADJUSTMENT			·	Quantity		adjustments apply within the group		
02		_		_											identified in CAS01.		
03	CAS17	S	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reasor Code	External Code Source 139	Used when additional adjustments apply within the group identified in CAS01.		
	CAS18	S	1	10	R	S	99	2100	CLAIM	>1	l	Monetary Amount	Adjustment Amount	50uice 139	See CAS03. 1418 Used when additional		
اريا		ľ	ľ	١	l	ľ	[1	ADJUSTMENT	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		adjustments apply within the group		
04		<u> </u>	<u> </u>			1_				<u> </u>		<u> </u>			identified in CAS01.		
	CAS19	S	1	15	R	S	99	2100	CLAIM	>1		Quantity	Adjustment		See CAS04. 1418 Used when additional		
05						1		1	ADJUSTMENT	1			Quantity		adjustments apply within the group identified in CAS01.		
	NM101	R	2	3	ID	R	1	2100	PATIENT NAME	>1	l	Entity Identifier		QC	nderialied in CASU1.	QC	
06						1						Code					
107	NM102	R	1	1	ID	R	1	2100	PATIENT NAME	>1		Entity Type		1		1	
	NM103	D	1	35	AN	R	1	2100	PATIENT NAME	>1	-	Qualifier Name Last or	Patient Last Name				
	INIVI IU3	Γ.	l'	30	AIN	Γ.	['	2100	FATIENT NAIVIE	21		Organization Name					
108					<u></u>	L			<u> </u>	<u></u>		ŭ					
100	NM104	R	1	25	AN	R	1	2100	PATIENT NAME	>1		Name First	Patient First Name				
109	NINALOE	0	_	05	A N I			0400	DATIENT NAME		<u> </u>	Name - Middle	Detient Middle		If this data shower tis used and a six		
	NM105	5	[1	25	AN	R	I ¹	2100	PATIENT NAME	>1		Name Middle	Patient Middle Name		If this data element is used and contains only one character, it is assumed to		
								1					IVALITIE		represent the middle initial. The middle		
						1		1		1					name or initial is required when the		
4.								1							individual has a middle name or initial and it		
110		1	ı	l	1		1	1	I	1		Ī	I	I	is known	l	

П	A	В	С	ΙD	Е	ΙF	G	Н		J	K	L	М	N	0	Р	Q
1									IIPAA Implei	ment		Guide			<u> </u>	Tennesse	ee Specific Values
		Elem Use	_						Loop Name		Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	
	NM108	S	1	2	ID	R	1	2100	PATIENT NAME	>1		Identification Code Qualifier		34, HN, II, MI, MR	Required if the patient identifier is known or was reported on the health care claim.	MR,34	MR is used for most FFS claims.
112	NM109	S	2	80	AN	R	1	2100	PATIENT NAME	>1		Identification Code	Patient Identifier	IVII X	Required if the patient identifier is known or was reported on the health care claim.		
113	NM101	R	2	3	ID	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Entity Identifier Code		74		74	
114	NM102	R	1	1	ID	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Entity Type Qualifier		1,2		1	
	NM103	S	1	35	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Name Last or Organization Name	Corrected Patient or Insured Last Name		Required when corrected information for the Insured is available.		
	NM104	S	1	25	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Name First	Corrected Patient or Insured First Name		Required when corrected information for the Insured is available. 1442 This element may only be used when NM102 is 1 (person).		
	NM105	S	1	25	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Name Middle	Corrected Patient or Insured Middle Name		Infersion). If this data element is used and contains only one character, it is assumed to represent the middle initial. 1423 Required when corrected information for the Insured is available. 1442 This element may only be used when NM102 is 1 (person).		
118	NM108	S	1	2	ID	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Identification Code Qualifier		С		С	
119	NM109	S	2	80	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Identification Code	Corrected Insured Identification Indicator		Required when corrected information for the Insured is available.		
120	NM101	R	2	3	ID	S	1	2100	SERVICE PROVIDER NAME	>1		Entity Identifier Code	Indicator	82		82	
121	NM102	R	1	1	ID	S	1	2100	SERVICE PROVIDER NAME	>1		Entity Type Qualifier		1,2		1,2	
122	NM103	S	1	35	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Name Last or Organization Name	Rendering Provider Last or Organization Name		Required when needed to confirm the identifier in NM109.		
	NM104	S	1	25	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Name First	Rendering Provider First Name		If NM102 is a "2" this element is not used. 1426 Used when NM102=1 and the information is known.		
124	NM105	S	1	25	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Name Middle	Rendering Provider Middle Name		If NM102 is a "2" this element is not used. 1062 If this data element is used and contains only one character, it is assumed to represent the middle initial. 1359 The Middle name or initial is required when the individual has a middle name or initial. 1426 Used when NM102=1 and the information is known.		
125	NM108	R	1	2	ID	S	1	2100	SERVICE PROVIDER NAME	>1		Identification Code Qualifier		BD, BS, FI, MC, PC, SL, UP, XX	XX is required if NPI is mandated for use	MC, XX	MC - Atypical Provider XX - Healthcare Provider with an NPI Non-NPI qualifiers are valid for atypical providers going forward but only for healthcare providers until the end of the CMS allowed dual usage period. All healthcare providers are required to use NBI on and offers May 32, 3007.
126	NM109	R	2	80	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Identification Code	Rendering Provider Identifier				NPI

	Α	В	С	D	Е	F	G	Н	I	J	K	L	M	N	0	Р	Q
1	835 CI	aim	Pay	mer	nt - 4	010	X09	1A1I	HIPAA Implei	nent	tation (Guide				Tennesse	ee Specific Values
2	Element ID	Elem Use		Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name		Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
	NM101	R	2	3	ID	S	2	2100	CORRECTED	>1		Entity Identifier		PR		PR	
127									PRIORITY PAYER NAME			Code					
128	NM102	R	1	1	ID	S	2	2100	PRIORITY PAYER	>1		Entity Type Qualifier		2		2	
120	NM103	R	1	35	AN	S	2	2100		>1		Name Last or	Corrected Priority			†	
129									PRIORITY PAYER NAME			Organization Name	Payer Name				
	NM108	R	1	2	ID	S	2	2100	CORRECTED	>1		Identification Code		AD, FI, NI, PI,		PI	
130									PRIORITY PAYER NAME			Qualifier		PP, XV			
	NM109	R	2	80	AN	S	2	2100	CORRECTED PRIORITY PAYER NAME	>1		Identification Code	Corrected Priority Payer Identification Number				
131							<u> </u>						Number				
	REF01	R	2	3	ID	S	5	2100	RELATED IDENTIFICATION -	>1		Reference Identification Qualifier		A6, BB, CE, EA, F8, G1, G3, IG,	This information is required if this NM1 segment is present.	EA	
132									MEDICAL RECORD ID					SY			
133	REF02	R	1	30	AN	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION	>1		Reference Identification	Other Claim Related Identifier				
134	REF01	R	2	3	ID	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION	>1		Reference Identification Qualifier		1L, 1W, 9A, 9C, A6, BB, CE, EA, F8, G1, G3, IG,	This information is required if this NM1 segment is present.	SY	
135	REF02	R	1	30	AN	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION	>1		Reference Identification	Other Claim Related Identifier				
	REF01	R	2	3	ID	S	10	2100	RENDERING	>1		Reference		1A, 1B, 1C, 1D,		1A, 1B, 1C, 1G,	
136	REF02	R	1	30	AN	S	10	2100	PROVIDER IDENTIFICATION RENDERING	>1		Identification Qualifier Reference	Rendering Provider	1G, 1H, D3, G2		1H, D3, G2	
137	NEI 02	K	'	30	AN	3	10	2100	PROVIDER IDENTIFICATION	71		Identification	Secondary Identifier				
138	DTM01	R	3	3	ID	S	4	2100	CLAIM DATE - FIRST DAY OF SERVICE	>1		Date/Time Qualifier		036, 050, 232, 233		232	
	DTM02	R	8	8	DT	S	4	2100	CLAIM DATE	>1		Date	Claim Date				
140	DTM01	R	3	3	ID	S	4	2100	CLAIM DATE - LAST DAY OF SERVICE	>1		Date/Time Qualifier		036, 050, 232, 233		233	
141	DTM02	R	8	8	DT	S	4	2100	CLAIM DATE	>1		Date	Claim Date				
142	AMT01	R	1	3	ID	S	14	2100	CLAIM SUPPLEMENTAL INFORMATION	>1		Amount Qualifier Code		AU, D8, DY, F5, I, NL, T, T2, ZK, ZL, ZM, ZN, ZO,		AU	Autoplug 'AU'
143	AMT02	R	1	10	R	S	14	2100	CLAIM SUPPLEMENTAL INFORMATION	>1		Monetary Amount	Claim Supplemental Information Amount	<i>11</i> -			

	Α	В	С	D	E	F	G	Н	1	J	К	l L	М	N	0	Р	Q
1									IIPAA Imple	ment		Guide			-	Tennesse	ee Specific Values
2	Element ID		Min		Data	Seg			Loop Name		Comp	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	
144	QTY01 1st Repetition Covered Quantity	R	2	2	Type ID	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1	Seq ID	Quantity Qualifier	Alias	CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		CA, NA, CD	CA
145	QTY02	R	1	15	R	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity	Claim Supplemental Information Quantity				
	QTY01 2nd Repetition Non- Covered	R	2	2	ID	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity Qualifier	Judiliiv	CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		CA, NA, CD	NA
147	Quantity QTY02	R	1	15	R	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity	Claim Supplemental Information Quantity				
	3rd Repetition Coinsuran ce	R	2	2	ID	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity Qualifier		CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		CA, NA, CD	CD
148	Quantity																
149	QTY02	R	1	15	R	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity	Claim Supplemental Information Quantity				
	SVC01-1	R	2	2	ID	S	1	2110	SERVICE PAYMENT INFORMATION	999		COMPOSITE MEDICAL PROCEDURE IDENTIFIER		AD, ER, HC, ID, IV, N4, NU, RB, ZZ		AD, HC, N4, ID, NU	IF Claim Detail [procedure_code] is populated, THEN SVC01-1 = Claim Detail [procedure_type], SVC01-2 = Claim Detail [procedure_code], and SVC04 = Claim Detail [revenue_code] ELSE SVC01-1 =
150	SVC01-2	R		48	AN	s	_	2110	SERVICE PAYMENT	000		Product/Service ID	Procedure Code			HC, NU, RB	'NU', SVC01-2 = Claim Detail Iroughue godel IF Claim Detail [procedure_code] is
454	50001-2	K	1	40	AN	5		2110	INFORMATION	999		Qualifier	Procedure Code			nc, nu, kb	populated, THEN SVC01-1 = Claim Detail [procedure_code] is populated, THEN SVC01-1 = Claim Detail [procedure_type], SVC01-2 = Claim Detail [procedure_code], and SVC04 = Claim Detail [revenue_code] ELSE SVC01-1 = 'NU', SVC01-2 = Claim Detail
151	SVC01-3	S	2	2	AN	S	1	2110	SERVICE PAYMENT	999		Procedure Modifier					Iroyanua aadal
152									INFORMATION								
153	SVC01-4		2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION			Procedure Modifier					
154		S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION			Procedure Modifier					
155			2	2	AN	S	1	2110	SERVICE PAYMENT			Procedure Modifier	Drawa daya Oo d				
156		S	1	80	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Description	Procedure Code Description				

	Α	В	С	D	Е	F	G	Н	1 1	J	K	l L	М	N	0	Р	Q
1									IIPAA Implei	ment		Guide				Tennesse	ee Specific Values
2	Element	Elem Use	Min Len		Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
		R	1	10	R	S	1	2110	SERVICE PAYMENT		Ocq ID	Monetary Amount	Line Item Charge	Values			
157									INFORMATION				Amount				
158	SVC03	R	1	10	R	S	1	2110	SERVICE PAYMENT INFORMATION	999		Monetary Amount	Line Item Provider Payment Amount				
159	SVC04	S	1	48	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Product/Service ID	National Uniform Billing Committee Revenue Code				IF Claim Detail [procedure_code] is populated, THEN SVC01-1 = Claim Detail [procedure_type], SVC01-2 = Claim Detail [procedure_code], and SVC04 = Claim Detail [revenue_code] ELSE SVC01-1 = 'NU', SVC01-2 = Claim Detail
	SVC05	S	1	15	R	S	1	2110	SERVICE PAYMENT	999		Quantity	Units of Service				If not present, the value is assumed to be one
160													Paid Count				one
161	SVC06	S	N/A	N/A	N/A	S	1	2110	SERVICE PAYMENT INFORMATION	999					This is REQUIRED when the adjudicated procedure code provided in SVC01 is different from the submitted procedure code from the original claim. This is NOT USED when the submitted code is the		
	SVC06-1	R	2	2	ID	S	1	2110	SERVICE PAYMENT	999		Product/Service ID Qualifier	Product or Service ID Qualifier	AD, ER, HC, ID, IV, N4, NU, RB,	53M0 35 th0 6000 00 SVI 111	AD, HC, N4	
162	0)/000 0	D.		40	A N I	0		0440		000				ZZ			
163	SVC06-2	ĸ	1	48	AN	S	1	2110	SERVICE PAYMENT INFORMATION			Product/Service ID	Procedure Code				
164	SVC06-3	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
	SVC06-4	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
165	01/000 5	0	0	0		0		0440		000		Donas de la Madifia					
166	SVC06-5	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
167	SVC06-6	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
	SVC06-7	S	1	80	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Description	Procedure Code Description				
168	SVC07	S	1	15	R	S	1	2110	SERVICE PAYMENT	999		Quantity	Original Units of				ļ
169			·	.0			ľ		INFORMATION			- Continy	Service Count				
170	DTM01	R	3	3	ID	S	3	2110	SERVICE DATE – SINGLE DATE OF SERVICE	999		Date/Time Qualifier	Date Time Qualifier	150, 151, 472		472	
171	DTM02	R	8	8	DT	S	3	2110	SERVICE DATE – SINGLE DATE OF SERVICE	999		Date	Service Date				
172	DTM01	R	3	3	ID	S	3	2110		999		Date/Time Qualifier	Date Time Qualifier	150, 151, 472		150	Autoplug '150'

Black Claim Payment - 401 0X09 At HIPA A Implementation Guide Tennessee Specific Values Tennessee Values Tennessee Specific Values Tennessee Value		Α	В	С	D	F	F	G	Н	1	J	K	l ı	М	N	0	Р	Q
Part	1									IPAA Implei	,		Guide		.,	<u> </u>	Tennesse	
174 175 176 176 177														Industry Name or	HIPAA Valid	HIPAA Notes		•
173	2	ID								·	Rep	Seq ID						
173		DTM02	R	8	8	DT	S	3	2110				Date	Service Date				
173 174 175																		
DETAIL LAST DATE DETAIL LAST DATE DESCRIPTION Date	173									OF SERVICE								
176		DTM01	R	3	3	ID	S	3	2110		999		Date/Time Qualifier	Date Time Qualifier	150, 151, 472		151	Autoplug '151'
1746																		
DETAIL LAST DATE DETAIL LAST DATE DE	174									OF SERVICE								
176		DTM02	R	8	8	DT	S	3	2110		999		Date	Service Date				
175 CAS01 R										_								
176	175									OF SERVICE								
177 CASIO2 R 1 5 D S 99 2110 SERVICE 999 Monetary Amount Monetary M	176	CAS01	R	1	2	ID	S	99	2110		999				CO, CR, OA, PI,		CO, CR, OA, PI,	
CASOS R 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount	170	CAS02	R	1	5	ID	S	gg	2110		999	1		Adjustment Reason	PR External Code		PR External Code	
ADJUSTMENT	177				_					ADJUSTMENT			Reason Code	Code				
178		CAS03	R	1	10	R	S	99	2110		999		Monetary Amount	Adjustment Amount				
178										ADJUSTMENT								
CASSI S	470																	
ADJUSTMENT Quantity units of service are being adjusted. A positive number decreases paid units, and a positive value increases paid units, and application of positive value increases paid units, and a positive value increases paid units, and application of positive value increases paid units, and additional adjustment spoyl within the group increases value value increases paid units, and adjustment spoyl within the group increases paid units, and adjustment spoyl within the group increases paid units value increases paid units and paid value and paid value and value increases paid units value increases paid units, and paid value and value increases paid units, and paid value increases paid units and paid value and value increases paid units and paid value and value and value increases paid units and value increases paid units and value increases paid u	1/8	04004			45	_			0440	055) #05	000		0 "	A P		SVC03 and CI P04		
179		CAS04	S	1	15	ĸ	S	99	2110	-	999		Quantity					
CAS05 S										ADSCOTWENT				Quartity				
180	179																	
180		CAS05	S	1	5	טו	S	99	2110		999							
181	180													Code	Cource 155		Oddree 133	
181		CAS06	S	1	10	R	S	99	2110		999		Monetary Amount	Adjustment Amount				
CASO7 S 1 15 R S 99 2110 SERVICE 999 ADJUSTMENT Quantity Adjustment Quantity Adjustment Adjustment Adjustment Reason Code Code Source 139 Identified in CASO1. Service CASO8 CASO8 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT SERVICE ADJUSTMENT Adjustment Reason External Code Source 139 Identified in CASO1. Service CASO9 S 1 10 R S 99 2110 SERVICE 399 Monetary Amount Adjustment Adjustment Amount See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO9. 1437 Used when additional adjustments apply within the group identified in CASO1.	181									ADJUSTMENT								
182		CAS07	S	1	15	R	S	99	2110	SERVICE	999		Quantity	Adjustment				
CAS08 S	182									ADJUSTMENT				Quantity				
ADJUSTMENT Reason Code Code Source 139 adjustments apply within the group identified in CASO1.	102	CAS08	S	1	5	ID	S	99	2110	SERVICE	999		Claim Adjustment	Adjustment Reason	External Code		External Code	
CAS09 S	400					_				-			· ·	,		adjustments apply within the group		
ADJUSTMENT ADJUSTMENT ADJUSTMENT ADJUSTMENT ADJUSTMENT Adjustment apply within the group identified in CASO1. CAS10 S 1 15 R S 99 2110 SERVICE ADJUSTMENT CAS11 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT CAS11 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT ADJUSTMENT CAS12 S 1 10 R S 99 2110 SERVICE ADJUSTMENT CAS13 S 1 15 R S 99 2110 SERVICE ADJUSTMENT CAS13 S 1 15 R S 99 2110 SERVICE ADJUSTMENT CAS14 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT CAS15 S 1 10 R S 99 2110 SERVICE ADJUSTMENT ADJUSTMENT CAS15 S 1 10 R S 99 2110 SERVICE ADJUSTMENT ADJUSTMENT ADJUSTMENT Adjustment Adjustment Reason External Code Source 139 identified in CASO1. See CAS02. 1437 Used when additional adjustments apply within the group identified in CASO1. See CAS03. 1437 Used when additional adjustments apply within the group identified in CASO1. See CAS04. 1437 Used when additional adjustments apply within the group identified in CASO1. See CAS04. 1437 Used when additional adjustments apply within the group identified in CASO1. CAS14 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT CAS15 S 1 10 R S 99 2110 SERVICE ADJUSTMENT ADJUSTMENT ADJUSTMENT ADJUSTMENT Adjustment Reason External Code Source 139 adjustments apply within the group identified in CASO1. See CASO3. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO3. 1437 Used when additional adjustments apply within the group identified in CASO1. See CASO3. 1437 Used when additional adjustment adjustment adjustment apply within the group identified in CASO1. See CASO3. 1437 Used when additional adjustment Adjustment Adjustment Amount Adjustment Amount Adjustment Adjustment Amount Adjustment Amount Adjustment Adjustment Adjustment Amount Adjustment Adjustment Adjustment Amount Adjustment Adjustment Amount Adjustment Adjustment Amount Adjustment Adjustment Adjustment Amount Adjustment Adjustment Adjustment Amount Adjustment Amount Adjustment Adjustment Adjustment Adjustment Adjustment Amount Adjustment Adjustment Amount Adjustment Adjustment Amoun	183	CASOO	c	1	10	D	c	00	2110	CEDVICE	000		Monotony Amount	Adjustment Amount		identified in CAS01.		
184		CASUS	3	'	10	K	3	99	2110		999		Monetary Amount	Aujustinent Amount				
ADJUSTMENT Quantity adjustments apply within the group identified in CAS01. CAS11 S 1 5 ID S 99 2110 SERVICE 999 Claim Adjustment Reason External Code Source 139 identified in CAS01. CAS12 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS12 S 1 15 R S 99 2110 SERVICE ADJUSTMENT Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS13 S 1 15 R S 99 2110 SERVICE 999 Quantity Adjustment Quantity See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE 999 Claim Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Claim Adjustment Reason External Code Source 139 adjustments apply within the group identified in CAS01. CAS16 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Reason External Code Source 139 identified in CAS01. CAS17 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Reason Code Code Source 139 identified in CAS01. CAS18 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS17 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.	184															identified in CAS01.		
CAS11 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT Reason Code Code Source 139 identified in CAS01. CAS12 S 1 10 R S 99 2110 SERVICE ADJUSTMENT SERVICE ADJUSTMENT SerVICE ADJUSTMENT SerVICE ADJUSTMENT SerVICE ADJUSTMENT See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS13 S 1 15 R S 99 2110 SERVICE 999 Quantity Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE 999 Claim Adjustment Quantity Adjustment Reason External Code See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE 999 Claim Adjustment Reason External Code See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Reason External Code Source 139 identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Adju		CAS10	S	1	15	R	S	99	2110		999		Quantity					
CAS11 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT P99 Claim Adjustment Reason Code Code Source 139 See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS12 S 1 10 R S 99 2110 SERVICE ADJUSTMENT P99 Monetary Amount Adjustment Amount CAS1. CAS13 S 1 15 R S 99 2110 SERVICE ADJUSTMENT P99 Quantity Adjustment Quantity See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE P99 Quantity Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE P99 Quantity Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE P99 QUANTITIES P99 Claim Adjustment Reason External Code Source 139 External Code Source 139 Source 139 Identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE P99 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE P99 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE P99 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS16 S 1 10 R S 99 2110 SERVICE P99 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS17 S 1 10 R S 99 2110 SERVICE P99 Monetary Amount Adjustment Amount PAGUSTMENT P99 Monetary Amount PAGUSTMENT P99 P99 Monetary Amount PAGUSTMENT P99 P99 P99 P99 P99 P99 P99 P99 P99 P9	185									ADJUSTMENT				Quantity				
186		CAS11	S	1	5	ID	S	99	2110		999					See CAS02. 1437 Used when additional		
CAS12 S 1 10 R S 99 2110 SERVICE ADJUSTMENT 999 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS13 S 1 15 R S 99 2110 SERVICE ADJUSTMENT 999 Quantity Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT 999 Claim Adjustment Adjustment Reason External Code Source 139 adjustments apply within the group Source 139 identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group Source 139 identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group Source 139 identified in CAS01.	186									ADJUSTMENT			Reason Code	Code	Source 139		Source 139	
CAS13 S 1 15 R S 99 2110 SERVICE ADJUSTMENT 999 Quantity Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT P99 Claim Adjustment Reason Code Code Source 139 Adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE ADJUSTMENT P99 Monetary Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustment Amount Adjustments apply within the group identified in CAS01.	1.55	CAS12	S	1	10	R	S	99	2110	SERVICE	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional		
CAS13 S 1 15 R S 99 2110 SERVICE ADJUSTMENT 999 Quantity Adjustment Quantity See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT 999 Claim Adjustment Reason External Code Source 139 See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01. External Code Source 139 Source 139 Source 139 CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group Source 139 See CAS04. 1437 Used when additional adjustments apply within the group Source 139	197									ADJUSTMENT								
ADJUSTMENT Quantity adjustments apply within the group identified in CAS01. CAS14 S 1 5 ID S 99 2110 SERVICE ADJUSTMENT CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount ADJUSTMENT Quantity Adjustment Reason External Code Source 139 Source 139 identified in CAS01. External Code Source 139 identified in CAS01. Source 139 Sec CAS03. 1437 Used when additional adjustments apply within the group Source 139 ADJUSTMENT ADJUSTMENT ADJUSTMENT ADJUSTMENT ADJUSTMENT ADJUSTMENT Adjustment Amount Adjustment Amount adjustments apply within the group Sec CAS03. 1437 Used when additional adjustments apply within the group	101	CAS13	S	1	15	R	S	99	2110	SERVICE	999	 	Quantity	Adjustment				
CAS14 S 1 5 ID S 99 2110 SERVICE 999 Claim Adjustment Reason Code Code Source 139 Sec CAS02. 1437 Used when additional adjustments apply within the group sec CAS01. 1437 Used when additional adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount Sec CAS03. 1437 Used when additional adjustments apply within the group adjustments apply within the group adjustments apply within the group	400		ľ			ľ.,	ľ									adjustments apply within the group		
ADJUSTMENT Reason Ćode Code Source 139 adjustments apply within the group identified in CAS01. CAS15 S 1 10 R S 99 2110 SERVICE 999 Monetary Amount Adjustment Amount See CAS03. 1437 Used when additional adjustments apply within the group	188	01011	0		-	10	0	00	0440	050,405	000		Oleim Adi	Adimeter - 15	F. d		Fortenial O. J.	
189		CAS14	S	1	5	טו	S	99	2110		999							
ADJUSTMENT adjustments apply within the group	189														250100 100		200100 100	
	1 1	CAS15	S	1	10	R	S	99	2110		999		Monetary Amount	Adjustment Amount				
Literature in CASO1	190									ADJUST NIENT						adjustments apply within the group identified in CAS01.		

	Α	В	С	D	Е	F	G	Н	1	J	K	L	М	N	0	Р	Q
1	835 CI							1A1I	HIPAA Implei	ment	ation (Guide				Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
191		S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
192	CAS17	S	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reasor Code	External Code Source 139	See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01.	External Code Source 139	
193	CAS18	S	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.		
194	CAS19	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
195	REF01	R	2	3	ID	S	7	2110	SERVICE IDENTIFICATION	999		Reference Identification Qualifier		1S, 6R, BB, E9, G1, G3, LU, RB		6R, E9, G1	Autoplug '6R'. E9, G1 are for future reference.
196		R	1	30	AN ID	S	7	2110 2110	SERVICE IDENTIFICATION RENDERING	999 999		Reference Identification Reference	Provider Identifier	1A. 1B. 1C. 1D.		1D. HPI	Autoplug '1D'
197			2	3					PROVIDER INFORMATION			Identification Qualifier		1G, 1H, 1J, HPI, SY, TJ		ID, HPI	HPI is the NPI indicator
198	REF02	R	1	30	AN	S	10	2110	RENDERING PROVIDER INFORMATION	999		Reference Identification	Rendering Provider Identifier				
199	AMT01	R	1	3	ID	S	12	2110	SERVICE SUPPLEMENTAL AMOUNT	999		Amount Qualifier Code		B6, DY, KH, NE, T, T2, ZK, ZL, ZM, ZN, ZO		B6	Autoplug 'B6'
200	AMT02	R	1	10	R	S	12	2110	SERVICE SUPPLEMENTAL AMOUNT	999		Monetary Amount	Service Supplemental Amount				
201	LQ01 LQ02	R R	1	3	ID AN	S	99 99	2110 2110	HEALTH CARE REMARK CODES HEALTH CARE	999 999		Code List Qualifier Code Industry Code	Remark Code	HE, RX		HE	
202 203		R	1	30	AN	S	>1	2110	REMARK CODES PROVIDER			Reference	Provider Identifier				
204	PLB02	R	8	8	DT	S	>1		ADJUSTMENT PROVIDER ADJUSTMENT			Identification Date	Fiscal Period Date		Use this date for the last day of the provider's fiscal year. If the end of the provider's fiscal year is not known by the payer, use December 31st of the current year.		YYYY1231 Where YYYY = Current Year
205	PLB03	R	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar		
206	PLB03-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB03-1	Adjustment Reasor Code		51,72,90,AH,AM AP,B2,BD,BN,C 5,CR,CS,CT,CV, CW,DM,E3,FB,F C,GO,IP,IR,IS,J1 ,L3,L6,LE,LS,OA ,OB,PI,PL,RA,R E,SL,TL,WO,W	amount in PI R04	72	

	Α	В	С	D	ΙF	F	G	Н	ı ı		K	1	М	N	ΙΟ	Р	Q
1									IIPAA Implei	ment		<u> </u>	I IAI			-	e Specific Values
	Element	Elem	Min	Max	Data	Seg	Seq		Loop Name	Loop	Comp	DED Name	Industry Name or	HIPAA Valid	HIPAA Notes	TN Valid Values	
2	ID PLB03-2	Use S	Len	Len 30	Type AN	Use	Rep >1	ID	PROVIDER	Rep	Seq ID	Deference	Alias Provider	Values	New Medianos and and internally		
	PLB03-2	5	1	30	AN	5	>1		ADJUSTMENT		PLB03-2	Reference Identification	Adjustment		Non-Medicare payers report any internally assigned reference identifier for the related		
													Identifier		adjustment.		
															Medicare Intermediaries must enter the applicable Medicare code (see notes in		
															PLB03-1) in positions 1-2, the Financial		
															Control Number or other pertinent id in positions 3-19, and the patient's HIC		
															number in positions 20-30 when the		
207															adjustment is related to a previously		
	PLB04	R	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
208													Adjustment Amount				
	PLB05	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies		
									ABOOCHWIE! VI						the reason and identifying information for		
209															the adjustment dollar		
210	PLB05-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB05-1	Adjustment Reason			amount in PL R04 see PLB03-1		
2.0	PLB05-2	S	1	30	AN	S	>1		PROVIDER		PLB05-2	Code Reference	Provider		see PLB03-2		
211									ADJUSTMENT			Identification	Adjustment Identifier				
	PLB06	S	1	10	R	S	>1		PROVIDER			Monetary Amount	Provider				
212									ADJUSTMENT				Adjustment Amount				
	PLB07	S	N/A	N/A	N/A	S	>1		PROVIDER						This code is a composite data structure.		
									ADJUSTMENT						The composite identifies the reason and identifying information for		
213															the adjustment dollar		
	PLB07-1	R	2	2	ID	S	>1		PROVIDER		PLB07-1	Adjustment Reason			amount in PLB04. see PLB03-1		
214	PLB07-2	S	1	30	AN	Q	>1		ADJUSTMENT PROVIDER		PLB07-2	Code Reference	Provider		see PLB03-2		
045	I LDOT-Z		ľ	50	AIN		<u> </u>		ADJUSTMENT		I LD07-2	Identification	Adjustment		366 1 2503-2		
215	PLB08	S	1	10	R	S	>1		PROVIDER			Monetary Amount	Identifier Provider				
216	LDOO	Ĭ	ľ				,		ADJUSTMENT			Worlday / Would	Adjustment Amount				
216	PLB09	S	N/A	N/A	N/A	S	>1		PROVIDER						This code is a composite data structure.		
	-					1			ADJUSTMENT						The composite identifies		
1															the reason and identifying information for the adjustment dollar		
217	DI DO0 4	R	2	2	ın	C	. 1		DDO//IDED		PLB09-1	A division and Dagger			amount in PI R04 see PLB03-1		
218					ID	0	>1		PROVIDER ADJUSTMENT			Adjustment Reason Code					
	PLB09-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB09-2	Reference Identification	Provider Adjustment		see PLB03-2		
219						1							Identifier				
	PLB10	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
220							ļ						, ajaounont Amount				
	PLB011	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies		
															the reason and identifying information for		
221						L									the adjustment dollar amount in PLB04		
222	PLB11-1	R	2	2	ID	S	>1		PROVIDER		PLB11-1	Adjustment Reason			see PLB03-1		
444						1	1		ADJUSTMENT			Code					

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q	
1	835 CI	laim	Pay	mei	nt - 4	1010	X09	1A1I	HPAA Implei	nent	ation (Guide			-	Tennessee Specific Values		
2	ID	Elem Use	Min Len			Seg Use		Loop ID		Loop Rep	Seq ID	DED Name		HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes	
223	PLB11-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB11-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2			
224	PLB12	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount					
225	PLB013	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PI B04			
226	PLB13-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB13-1	Adjustment Reason Code			see PLB03-1			
227	PLB13-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB13-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2			
228	PLB14	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount					
229	SE01	R	1	10	N0	R	1		TRANSACTION SET TRAILER			Number of Included Segments	Transaction Segment Count		The Transaction Set Control Numbers in ST02 and SE02 must be identical. The originator assigns the Transaction Set Control Number, which must be unique within a functional group (GS-GF)			
	SE02	R	4	9	AN	R	1		TRANSACTION SET			Transaction Set Control Number			Within a functional droup (GS-GF)	=ST02		
231	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included						
232	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06		
	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups						
233	IEA02	R	q	a	N0	R	!		INTERCHANGE			Interchange		= ISA13		= ISA13		
234	ILAUZ		3	3	NO				CONTROL TRAILER			Control Number		- 10/10		- 10/13		